



To be completed by the Inspector. Form must be signed by Inspector, Owner, Design Professional in General Responsible Charge, and Structural Engineer (when applicable). To be submitted to DSA by the Design Professional in General Responsible Charge at least 10 days prior to start of work.

1. Inspector Information

Name _____

Address _____

City _____ State _____ Zip _____

Phone #s () _____ () _____

Date of Birth ____-____-____ e-mail Address: _____

Type of DSA approval requested:

Project Inspector Relocatable Building In-plant (RBIP) Special: _____ Other: _____

Project (or special) Inspector Class (or type) _____ Certificate # _____

Certifying Agency (DSA, AWS etc) _____ Expiration Date _____

DSA File No. _____

DSA
Application No. _____

Will the inspector be employed by, or directly
contracted to, the school district? Yes No

If no, indicate inspector's employer:

2. Project Information

School District/Owner	Project Name (School)
Scope of Work	Estimated Cost \$

3. Experience Record - List the three previous projects that best qualify you to perform inspection services for the project entered in item 2. For previous school projects, provide the DSA application number.

Project Name _____	Job Title: Project Inspector Field Superintendent
DSA Application # (when applicable): _____	Construction Trade _____
Construction Cost \$ _____	Other _____
Check one: New Construction Alteration Relocatable bldgs	Dates employed: FROM _____ TO _____
Structural systems of new construction or structural alterations:	Employer _____
Wood Shear Wall Concrete/Masonry Shear Wall Steel Frame	Employer's Phone () _____
Project Name _____	Job Title: Project Inspector Field Superintendent
DSA Application # (when applicable): _____	Construction Trade _____
Construction Cost \$ _____	Other _____
Check one: New Construction Alteration Relocatable bldgs	Dates employed: FROM _____ TO _____
Structural systems of new construction or structural alterations:	Employer _____
Wood Shear Wall Concrete/Masonry Shear Wall Steel Frame	Employer's Phone () _____
Project Name _____	Job Title: Project Inspector Field Superintendent
DSA Application # (when applicable): _____	Construction Trade _____
Construction Cost \$ _____	Other _____
Check one: New Construction Alteration Relocatable bldgs	Dates employed: FROM _____ TO _____
Structural systems of new construction or structural alterations:	Employer _____
Wood Shear Wall Concrete/Masonry Shear Wall Steel Frame	Employer's Phone () _____

4. Inspector's Time Commitment/Workload

Specify your time commitment to this project: Full Time (40 hours per week) Part Time (_____ anticipated average hours per week)

Will you be working concurrently on other school projects? Yes No If yes, list each project below. Attach additional sheets if necessary.

Project Name & Location	Scope of Construction Work	Average Hours per Week	DSA Appl#	Completion status - %

Will you be working concurrently on non-school projects or other employment? Yes No If yes, for each project, provide name, location, scope of construction work, your duties, and the completion status of the project in the space below. Attach additional sheets if necessary.

5. Inspector's Affidavit

I hereby certify under penalty of perjury that all information on this form is true, and I agree and understand that any misstatement of material fact contained in this form will be sufficient cause for my immediate dismissal. If I undertake additional work, other than stated herein, I will secure prior written approval from the school district/owner, the architect and/or engineer, and the Division of the State Architect.

If appointed, I will accept the responsibilities of inspector and will perform the duties conferred upon me by Sections 17280/81130 through 17316/81147 of the Education Code, or Sections 16000 through 16023 of the Health and Safety Code. *I will not accept payment or other consideration for my services from anyone other than the school district/owner.*

An original signature is required

Signature _____ Date _____

The following affidavits must be signed by an authorized representative of the school district/owner, as well as the Design Professional in General Responsible Charge, and the Structural Engineer before this application is submitted to the Division of the State Architect for approval. The information provided on this document will be maintained in a public record file. *Original signatures are required.*

6. School District/Owner's Affidavit (Not required for special inspector approval)

The inspector named on this form is being employed by the school/owner, conditioned upon the acceptance by the architect or registered engineer in general responsible charge, and the approval by the Division of the State Architect (DSA), to provide competent, adequate and continuous inspection during construction of this project. I understand that the inspector will act under the direction of the architect or registered engineer in general responsible charge, and DSA. The inspector shall also be responsible to the Owner.

Title of school district/owner's representative completing this affidavit _____

Signature _____ Print Name _____ Date _____

7. Affidavit of Design Professional In General Responsible Charge

I find the inspector named on this form to be suitably qualified and satisfactory to perform inspection on this project. My assessment is based on (check one): Interview (date _____ - _____ - _____) OR Prior professional relationship

Signature _____ Print Name _____ Date _____

8. Affidavit of Structural Engineer (when structural work has been delegated to a structural engineer on line 25a of Form DSA-1)

I find the inspector named on this form to be suitably qualified and satisfactory to perform inspection on this project. My assessment is based on (check one): Interview (date _____ - _____ - _____) OR Prior professional relationship

Signature _____ Print Name _____ Date _____

The design professional in general responsible charge must submit this completed form to the DSA office where the project is located.

Approval by Division of the State Architect	Type of Approval: Project Inspector RBIP Special _____ Other _____
	Signature of Field Engineer _____
	Print Name _____ Date _____